

# Architects/Engineers/Consultants

## CPB Phase III OCIP ENROLLMENT FORM

Your Company Name\_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Primary Contact Name\_\_\_\_\_

Primary Contact's Title\_\_\_\_\_

Physical Address\_\_\_\_\_

Mailing Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone #:\_\_\_\_\_

Fax #:\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### ***Project Information***

Project Name: **Utah State Capitol Restoration Phase III**

Awarding Consultant or Contractor: \_\_\_\_\_

Type of design work to be done: \_\_\_\_\_

Start Date\_\_\_\_\_ End Date\_\_\_\_\_

Estimated Gross Fee for Professional Services: \$\_\_\_\_\_

Estimated On-site Payroll: \$\_\_\_\_\_

Estimated number of subconsultants that will be used (if any) \_\_\_\_\_

***Prior to starting work on the Project, complete and return this application to:***

Tonya Gallegos  
Willis Insurance Brokerage of Utah, Inc.  
2890 East Cottonwood Parkway, Suite 350  
Salt Lake City, UT 84121

**OR**

fax: (801)942-6203